

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047326

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 214

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 3 1964

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grand River Twp.		c. CITY OR TOWN Harrisonville	
Length of stay in lb 52 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles SW Harrisonville		d. STREET ADDRESS (If outside, give location) RFD	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL ERVIN CARTER		4. DATE OF DEATH Month Day Year December 27, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/30/1887
9. AGE (last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) St. Charles, Iowa
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Robert Carter	
14. NAME OF HUSBAND OR WIFE Mary F. Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary Carter RFD3	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Due to (b) Infection Due to (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1958 to 12-29-63 and last saw him alive on 12-29-63 Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward S. Jones M.D.		22b. ADDRESS Harrisonville Mo	
22c. DATE SIGNED 12-29-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/1963	23c. NAME OF CEMETERY OR CREMATORY Burford Cemetery	23d. LOCATION (City, town, or county) Harrisonville, Missouri
24. FUNERAL DIRECTOR Atkinson Dickey, Harrisonville, Mo	25. DATE RECD. BY LOCAL REG. 12-30-63	26. REGISTRAR'S SIGNATURE Ray J. Lebeck	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert W. Cuthbert*

Licensed Embalmer No.

*4902*

P. O. Address

*Shelburne, Vt.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.